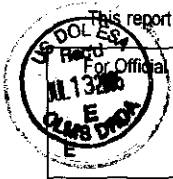


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2583	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name ROBERT J RUDIS P.O. Box, Bldg., Room No., if any Street 415 E PLAZA DRIVE City WESTMONT State IL ZIP Code + 4 60559-1233	4. Name, file number, and address of labor organization. Name BRICKLAYERS AFL-CIO LU 74 Labor Organization File Number 026-086 P.O. Box, Building and Room Number, if any Street 415 E PLAZA DRIVE City WESTMONT State IL ZIP Code + 4 60559-1233
5. Position in labor organization. VICE - PRESIDENT	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7/7/2005
Date

630 333-8573

Telephone Number

Name of Person Filing	File Number U- 2683
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>BAC WELFARE FUND LOCAL UNION No 74 OF DUPAGE COUNTY, ILLINOIS</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>415 E PLAZA DRIVE</u></p> <p>City <u>WESTMONT</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60559-1233</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>BRICKLAYERS AFL-CIO LU 74</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>415 E PLAZA DRIVE</u></p> <p>City <u>WESTMONT</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60559-1233</u></p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; margin: 5px;"></div> <p>11.b. Approximate dollar value of such dealing. _____</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"><p>REIMBURSEMENT OF EXPENSES INCURRED FOR EDUCATIONAL CONFERENCE 12/1 - 12/4 - 2004 FULFILLING FIDUCIARY OBLIGATION TO FUND</p></div> <p>12.b. Amount. <u>\$141.57</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. _____</p>

Name of Person Filing

File Number U-

2683

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name: PAC WELFARE FUND LOCAL UNION 1274
OF DUPAGE COUNTY, ILLINOIS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 415 E PLAZA DRIVE

City: WESTMONT

State: IL ZIP Code + 4: 60559-1233

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name: BRICKMAYERS AFL-CIO LU 74

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street: 415 E PLAZA DRIVE

City: WESTMONT

State: IL ZIP Code + 4: 60559-1233

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

REIMBURSEMENT OF LOST WAGES
INCURRED TO ATTEND FUND
MEETINGS FULFILLING FIDUCIARY
OBLIGATIONS TO FUND

12.b. Amount.

\$1,317.47

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name:

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street:

City:

State:

ZIP Code + 4:

?

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

14.b. Amount of payment.